| PART B - FEE(S) TRANSMITTAL   |                   |   |   |                  |                       |  |
|---|-------------------|---|---|------------------|-----------------------|--|
| Complete and send this form, together with applicable fee(s), to: Mail  DEC 2 6 2006  |                   |   | P.O. Box 1450<br>Alexandria, Virginia 22313-1450  |                  |                       |  |
| $\frac{10}{23}$ $\frac{10}{23}$   |                   |   |   |                  |                       |  |
| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated appropriate cetted below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.  |                   |   |   |                  |                       |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |                   |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |                  |                       |  |
| KAGAN BINDER, PLLC SUITE 200, MAPLE ISLAND BUILDING 221 MAIN STREET NORTH STILLWATER, MN 55082  |                   |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                  |                       |  |
| 12/27/2006 WASFAW2 00000023 10611824  |                   |   | Renee A. Wolff (Depositor's name)   |                  |                       |  |
| 01 FC:1501 1400.00 DP   |                   |   | (Signature)   |                  |                       |  |
| 02 FC:1504 300  | ).00 OP           |   | Decemb  | per 19,2001      | (Date)                |  |
| APPLICATION NO. FILING DATE   | 3                 | FIRST NAMED INVENT  | TOR AT  | ORNEY DOCKET NO. | CONFIRMATION NO.      |  |
| 10/611,824 06/30/2003 John J. Allen LIFE-096CON4 2999 TITLE OF INVENTION: COLLECTION WELL FOR BODY FLUID TESTER   |                   |   |   |                  |                       |  |
| APPLN. TYPE SMALL ENTITY  | ISSUE FEE DUE     | PUBLICATION FEE D   | UE PREV. PAID ISSUE FEE   | TOTAL FEE(S) DUE | DATE DUE              |  |
| nonprovisional NO   | \$1400            | \$300   | \$0   | \$1700           | 12/19/2006            |  |
| EXAMINER  | ART UNIT          | CLASS-SUBCLASS  |   |                  |                       |  |
| MENON, KRISHNAN S 1723  |                   | 422-100000  |   |                  |                       |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>  |                   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  [KAGAN BINDER, PLLC]  2  3 |   |                  |                       |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |                   |   |   |                  |                       |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   |                   |   |   |                  |                       |  |
| (A) NAME OF ASSIGNEE Integ, Inc.  | (B) RESIDENCE: (C | BY RESIDENCE: (CITY and STATE OR COUNTRY) St. Paul, Minnesota   |   |                  |                       |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   |                   |   |   |                  |                       |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  |                   |   |   |                  |                       |  |
|   |                   |   | neck is enclosed.  nent by credit card. Form PTO-2038 is attached. apy additional fees  |                  |                       |  |
| Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1775 (enclose an extra copy of this for  |                   |   |   |                  | ciency, or credit any |  |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |                   |   |   |                  |                       |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the retords of the United States Patent and Trademark Office.   |                   |   |   |                  |                       |  |
| Authorized Signature Date 19 Dic ob   |                   |   |   |                  |                       |  |
| Typed or printed name Kevin J. Hubbard  |                   |   | Registration No. 50,717   |                  |                       |  |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |                   |   |   |                  |                       |  |

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